



## MaineCare Services

An Office of the  
Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services  
MaineCare Services  
# 11 State House Station  
Augusta, Maine 04333-0011  
Third Party Liability: 207-287-1801  
Toll-Free: 800-572-3839; Fax: 207-287-9385

### Directions for filling out the PHIP application

**Employer and Insurance Information Form:** Please fill in all requested information on the form. Be sure you list the amount you pay for your policy and, if it is an employer plan, how often money is deducted from your paycheck. Please also note when open enrollment is so we know when to expect your costs to change. \*We do not pay dental premiums, but still need to know if you have dental coverage.

**Medical History Questionnaire:** Please fill out one questionnaire for each person in the home who has MaineCare AND private or group health insurance coverage. This form helps us determine whether the PHIP Benefit will cost less than your medical expenses.

**W-9 Form:** This form is to be filled out by the policy holder of the health insurance. Please fill in ONLY the policy holder's name, address, social security number, signature and date. This form is not used for reporting taxes. Our Accounting department needs it in order to send you checks.



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### EMPLOYER AND INSURANCE INFORMATION

Before filling this out, check with your employer to find out if and when you can sign up for health insurance.

Date of open enrollment: \_\_\_\_\_

|                   |       |                   |       |
|-------------------|-------|-------------------|-------|
| Employee Name:    | _____ | Employee SS#:     | _____ |
| Employee Address: | _____ | Telephone Number  | _____ |
| Employer Name:    | _____ | Contact Person:   | _____ |
| Employer Address: | _____ | Telephone Number: | _____ |

|                            |       |                               |       |
|----------------------------|-------|-------------------------------|-------|
| Medical Ins. Carrier Name: | _____ | Medical Ins. Carrier Address: | _____ |
| Dental Ins. Carrier:       | _____ | Dental Ins. Carrier Address:  | _____ |

#### ***\*PLEASE ONLY SHOW HOW MUCH IS ACTUALLY BEING DEDUCTED FROM PAYCHECK***

|                            | Employee<br>Cost | How Often Deducted                              | Coverage<br>(Please X covered services) |
|----------------------------|------------------|---|---|
| Single – Medical           | _____            | Weekly ↓<br>Please circle 50 or 52 times/yr.    | _____ HMO, PPO                          |
| Single – Dental            | _____            |   | _____ Maj. Med/Comp. Plan               |
| Employee w/Chrn - Medical  | _____            | Bi-Weekly ↓<br>Please circle 24 or 26 times/yr. | _____ Prescriptions                     |
| Employee w/Chrn - Dental   | _____            |   | _____ Prescriptions Card                |
| Employee, Spouse - Medical | _____            | Monthly   | _____ Vision – Exam 1yrly               |
| Employee & Spouse – Dental | _____            |   | _____ Managed Care                      |
| Family – Medical           | _____            | Yearly  |   |
| Family – Dental            | _____            |   |   |

#### Medical Deductibles:

|         |       |         |       |
|---------|-------|---------|-------|
| Single: | _____ | Single: | _____ |
| Family: | _____ | Family: | _____ |
| Co pay: | _____ | Co pay: | _____ |

#### Dental Deductibles:

|                     |       |         |       |                     |                  |         |       |   |       |
|---------------------|-------|---------|-------|---------------------|------------------|---------|-------|---|-------|
| Enrolled: Medical   | Y     | _____   | N     | _____               | Enrolled: Dental | Y       | _____ | N | _____ |
| Certificate #       | _____ | Group # | _____ | Certificate #       | _____            | Group # | _____ |   |       |
| Single              | _____ |         |       | Single              | _____            |         |       |   |       |
| Employee w/Children | _____ |         |       | Employee w/Children | _____            |         |       |   |       |
| Employee w/Spouse   | _____ |         |       | Employee w/Spouse   | _____            |         |       |   |       |
| Family              | _____ |         |       | Family              | _____            |         |       |   |       |



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### MEDICAL HISTORY QUESTIONNAIRE

Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

MaineCare ID#: \_\_\_\_\_

Patient: \_\_\_\_\_

MaineCare ID#: \_\_\_\_\_

Medical Condition:

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#### Recent Hospitalizations:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### Expected Hospitalization:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### Medication:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### Regular Doctor Visits:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### Expected Medical Equipment Needs:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### Other Expected Medical Costs:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### Notes:

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## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

|  |   |  |
|--|---|--|
| Print or type<br>See Specific Instructions on page 2 | Name (as shown on your income tax return)   |  |
|  | Business name, if different from above  |  |
|  | Check appropriate box: <input type="checkbox"/> Individual/<br>Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ ..... | <input type="checkbox"/> Exempt from backup<br>withholding |
|  | Address (number, street, and apt. or suite no.)   | Requester's name and address (optional)                    |
|  | City, state, and ZIP code   |  |
| List account number(s) here (optional)               |   |  |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

|                                |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|
| Social security number         |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |
| or                             |  |  |  |  |  |  |  |  |
| Employer identification number |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,